U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6364	2. Fiscal Year Covered From:		
	1 / 1 / 04 Through: 12 / 31 / 04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Samuel Mahfood	Name Teamsters Local 211		
	Labor Organization File Number 02724		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 625 Stanwix Street, Suite 1903	Street 625 Stanwix Street, Suite 1903		
City Pittsburgh	City Pittsburgh		
State PA ZIP Code + 4 15222	State PA ZIP Code + 4 15222		
5. Position in labor organization.	The special distribution of the special specia		
(except as specified in the except as specified	ation represents or is actively seeking to represent.		
(except as specified in the except as specified in the except as specified in the except as a specified in the except as a specified in the except as a specified in transactions (including loans) with, of monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	clusions set forth in the instructions):		
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(except as specified in the except as specified	clusions set forth in the instructions): or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
(except as specified in the except as specified in transactions (including loans) with, of monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	clusions set forth in the instructions): or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
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(except as specified in the except as specified	clusions set forth in the instructions): or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. gnature of Perjury and other applicable penalties of the law, that all of the information mying documents), has been examined by the signatory and is, to the best of the		
(except as specified in the except as specified	clusions set forth in the instructions): or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. gnature of Perjury and other applicable penalties of the law, that all of the information mying documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing Samuel J. Mahfood		File Number U - 25-0692867			
B. Heid an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name					
Trade Name, if any:	a. Labor Organiza	ition			
P.O. Box, Bldg., Room No., if any	b. Trust				
Street	c. Employer				
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street Street					
City	11.b. Approximate dollar val				
	12.a. Nature of interest he	ld or income received.			
State ZIP Code + 4					
•		<u> </u>			
	12.b. Amount.				
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any).	A 140 (150)				
Name UPMC Health Plan	Golf Outing	c/July 27, 2004			
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
Street One Chatham Center					
112 Washington Place City Pittsburgh,					
State PA 2IP Code + 4 15219					
	14.b. Amount of payment				
13.b. Is the Business an Employer x or Consultant ?		\$200.00			
Form LM-30 (2003)		Page 2 of			
		r ago 2 01 /			
		- Hepecaber 15, 2004			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street 1900 East Ninth Street, 25th Floor					
A CONTRACTOR OF THE PROPERTY O					
City Cleveland					
State OH ZIP Code + 4 44114					
13.b. Is the Business an Employer x or Consultant ?	14.b. Amount of payment.	\$30.82			

Name of Person Filing Samuel Mahfood	File Numbe	er U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any).	9. Business deals with:						
Name	Personal red						
Trade Name, if any:	a. Labor Organization b. Trust						
P.O. Box, Bldg., Room No., if any	c. Employer						
Street	**************************************						
City							
State ZIP Code + 4							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	and the state of t					
Name	The control of the co						
Trade Name, if any:	TALANT TO THE SE						
P.O. Box, Bldg., Room No., if any	Washing or processor						
Street	11.b. Approximate dollar value of such de	ealing.					
City	12.a. Nature of interest held or income	received.					
State ZIP Code + 4	** Coff Brack with a control and Will Brack with a control and a control						
÷	12.b. Amount.	And the first control of the f					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	amatanah 115 agas wasa 1855 iyi — mwaka adaga may wasa 1850 — mwaka in 1874 wasa 1874 i					
Jubelirer, Pass & Intrieri, P.C. Christmas gift of food and valued at \$125.00 from law		rom law firm who					
Trade Name, if any:	represents Teamster	s Local 211.					
P.O. Box, Bldg., Room No., if any		Name of the state					
Street 219 Fort Pitt Boulevard		menandy ettyre					
City Pittsburgh	} -	Anna Company					
State PA ZIP Code + 4 15222		The state of the s					
13.b. Is the Business an Employer x or Consultant ?	14.b. Amount of payment.	\$125.00					